	D)
3. Item involved in Accident:	Pipe
- If Pipe, specify:	Pipe Body
3a. Nominal diameter of pipe (in):	8.625
3b. Wall thickness (in):	.203
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	35,000
3d. Pipe specification:	Grade B
3e. Pipe Seam , specify:	Longitudinal ERW - Low Frequency
- If Other, Describe:	100 111
3f. Pipe manufacturer:	A,O. Smith
3g. Year of manufacture:	1946
3h. Pipeline coating type at point of Accident, specify:	Coal Tar
- If Other, Describe:	
If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
Year item involved in Accident was installed:	1946
Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
Type of Accident Involved:	Mechanical Puncture
- If Mechanical Puncture - Specify Approx. size:	
in. (axial) by	3.00
in. (circumferential)	10.00
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
- If Other, Describe: Approx. size: in. (widest opening) by	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially)	
- If Other, Describe: Approx. size: in. (widest opening) by	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe:	
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- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil	Yes Yes Yes Yes Yes
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15 Nov. Matter and the state of	MOP? - If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation? - Changes in line pipe diameter - Presence of unsuitable mainline valves - Tight or mitered pipe bends - Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool	Remotely Controlled Remotely Controlled 246,034 Yes (select all that apply)
- If Yes, Which operational factors complicate execution? (select all that apply)	MOP? - If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation? - Changes in line pipe diameter - Presence of unsuitable mainline valves - Tight or mitered pipe bends - Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	Remotely Controlled Remotely Controlled 246,034 Yes (select all that apply)

Regulated Trunkline/Transmission
3
tection system or SCADA-based information
m(s), alert(s), event(s), and/or volume
nvestigation result(s): (select all that apply)
-

As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed: PART G – APPARENT CAUSE	
Select only one box from PART G in shaded column on left represent the questions on the right. Describe secondary, contributing or root	ting the APPARENT Cause of the Accident, and answer causes of the Accident in the narrative (PART H).
Apparent Cause:	G3 - Excavation Damage
G1 - Corrosion Failure - only one sub-cause can be picked from shad	ded left-hand column
External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe: 3. The type(s) of corrosion selected in Question 2 is based on the following	res (coloct all that anniv)
Field examination - Field examination - Field examination	lg: (Select all triat apply)
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
Was the failed item buried under the ground?	
- If Yes :	
4a. Was failed item considered to be under cathodic protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident? 4c. Has one or more Cathodic Protection Survey been	
conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
- If Internal Corrosion:	
Results of visual examination:	
- Other:	
7. Type of corrosion (select all that apply): -	
- Corrosive Commodity - Water drop-out/Acid	
- Water drop-out/Acid - Microbiological	
- Frosion	
- Other:	
- If Other, Describe:	
The cause(s) of corrosion selected in Question 7 is based on the follow	wing (select all that apply): -
- Field examination	

- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
Location of corrosion (select all that apply); -	
- Low point in pipe	
- Elbow	
- Other:	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?	
13. Were corrosion coupons routinely utilized?	
Complete the following if any Corrosion Failure sub-cause is selected A	ND the "Item Involved in Accident" (from PART C
Question 3) is Tank/Vessel.	IND the Item myored in Accident (nom 1 Ait) o,
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	1
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following If any Corrosion Fallure sub-cause is selected	ND the "Item Involved in Accident" (from PART C.
Question 3) is Pipe or Weld.	and the manner of the state of
15. Has one or more internal inspection tool collected data at the point of the	
Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool ar	d indicate most recent year run: -
Magnetic Flux Leakage Tool	The state of the s
Most recent yea	
- Ultrasonic	
Most recent yea	
- Geometry	
Most recent yea	
- Caliper	
Most recent yea	
- Crack	
Most recent yea	
- Hard Spot	
Most recent yea	
- Combination Tool	
Most recent yea	
- Transverse Field/Triaxial	
Most recent yea	
- Other	
Most recent yea	
Describe	
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
original construction at the point of the Accident?	
Most recent year tester	
	-
17. Has one or more Direct Assessment been conducted on this segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	1
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
18. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
18a. If Yes, for each examination conducted since January 1, 2002, select to	ype of non-destructive examination and indicate most
recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	

Descri	be:
G2 - Natural Force Damage - only one sub-cause can be picked from	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Describe:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify: - If Temperature:	
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is sel	ected.
6. Were the natural forces causing the Accident generated in	
conjunction with an extreme weather event?	
6a. If Yes, specify: (select all that apply)	
- Hurricane	
- Tropical Storm	
- Tornado - Other	
- Other - If Other, Describe:	
- II Other, Describe.	
G3 - Excavation Damage - only one sub-cause can be picked from s	haded left-hand column
Excavation Damage – Sub-Cause:	Excavation Damage by Third Party
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- It Excuration buriage by operator 5 constants (cocons 1 2.1)/.	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.
Has one or more internal inspection tool collected data at the point of the Accident?	
 If Yes, for each tool used, select type of internal inspection tool a 	nd indicate most recent year run: -
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	

Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline	
segment?	
- If Yes, and an investigative dig was conducted at the point of the Acc	cident:
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted: 5. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002,	select type of non-destructive examination and indicate most
recent year the examination was conducted:	sciool type of non-againaguse examination and indicate most
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is select	ed as the sub-cause.
Did the operator get prior notification of the excavation activity?	No
6a. If Yes, Notification received from: (select all that apply) -	110
- One-Call System	
- One-Gail System - Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if a	ny Excavation Damage sub-cause is selected.
7. Do you want PHMSA to upload the following information to CGA-	V
DIRT (www.cga-dirt.com)?	Yes
8. Right-of-Way where event occurred: (select all that apply) -	
- Public	
- If "Public", Specify:	
- Private	Yes
- If "Private", Specify:	Private Landowner
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	Former
9. Type of excavator:	Farmer Linknown/Othor
10. Type of excavation equipment:	Unknown/Other
11. Type of work performed:	Agriculture
12. Was the One-Call Center notified?	No
12a. If Yes, specify ticket number: 12b. If this is a State where more than a single One-Call Center	
exists, list the name of the One-Call Center notified:	
13. Type of Locator:	Data not collected
14. Were facility locate marks visible in the area of excavation?	Data not collected
15. Were facilities marked correctly?	Data not collected
16. Did the damage cause an interruption in service?	Yes
16a, If Yes, specify duration of the interruption (hours)	17
17. Description of the CGA-DIRT Root Cause (select only the one predon	
available as a choice, the one predominant second level CGA-DIRT Root	Cause as well):
Root Cause:	One-Call Notification Practices Not Sufficient
If One-Call Notification Practices Not Sufficient, specify:	No notification made to the One-Call Center
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - only one sub-cause can be se	elected from the shaded left-hand column

Other Outside Force Damage Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary	Cause of Incident:
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NO	T Engaged in Excavation:
Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment	
Their Mooring:	
Select one or more of the following IF an extreme weather event was a Hurricane	factor:
- Tropical Storm	
- Tornado - Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engage	ed in Excavation:
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.
Has one or more internal inspection tool collected data at the point of the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and in	dicate most recent year run:
- Magnetic Flux Leakage	
Most recent year conducted: - Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted: - Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted: - Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted: - Transverse Field/Triaxial	
- Transverse Field/Triaxial Most recent year conducted:	
- Other	
Most recent year conducted: Describe:	
Do you have reason to believe that the internal inspection was	
completed BEFORE the damage was sustained?	
Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig): 6. Has one or more Direct Assessment been conducted on the pipeline	
segment?	
- If Yes, and an investigative dig was conducted at the point of the Accide	nt:
Most recent year conducted: - If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, s recent year the examination was conducted:	select type of non-destructive examination and indicate most
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	

T.	
- Other Most recent year conducted:	
Most recent year conducted: Describe:	
- If Intentional Damage:	
8. Specify:	
- If Other, Describe:	
- If Other Outside Force Damage:	
9. Describe:	
G5 - Material Failure of Pipe or Weld - only one sub-cause can be	
Use this section to report material failures ONLY IF the "Item involved "Weld."	in Accident" (from PART C, Question 3) is "Pipe" or
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: (select all that	apply)
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
- If Construction, Installation, or Fabrication-related:	
List contributing factors: (select all that apply)	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	and in the field):
If Original Manufacturing-related (NOT girth weld or other welds form List contributing factors: (select all that apply)	ned in the held).
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify: - Other - Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cau	ise is selected.
4. Additional factors: (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn - Crack	
- Crack - Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of	
the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool a	nd indicate most recent year run:
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper Most recent year run:	
- Crack	
Most recent year run:	

- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	
Describe:	
Has one or more hydrotest or other pressure test been conducted	
since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Ac	cident -
Most recent year conducted:	
 If Yes, but the point of the Accident was not identified as a dig site - 	
Most recent year conducted:	
Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, s	elect type of non-destructive examination and indicate most
recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted: - Dry Magnetic Particle Test	
- Dry Magnetic Particle Test Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Scotlide.	
G6 - Equipment Failure - only one sub-cause can be selected from	the shaded left-hand column
Equipment Failure Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
Specify: (select all that apply) -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- Other	
- If Other – Describe:	
- If Pump or Pump-related Equipment:	
2. Specify:	
- If Other – Describe:	
- If Threaded Connection/Coupling Failure:	
3. Specify:	
- If Other – Describe:	
- If Non-threaded Connection Failure:	
4. Specify:	
- If Other – Describe:	
- If Other – Describe:	
	faterial:
- If Defective or Loose Tubing or Fitting:	laterial:

5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected	
6. Additional factors that contributed to the equipment failure: (select all the	eat apply)
- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	
- Loss of electricity	
Improper installation Mismatched items (different manufacturer for tubing and tubing)	
·	
fittings) - Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with	
transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Other - If Other, Describe:	
- ii Other, Describe,	
G7 - Incorrect Operation - only one sub-cause can be selected from	the shaded left-hand column
Incorrect Operation – Sub-Cause:	
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	No
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	No
1. Specify:	
- If Other, Describe:	
Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	No
Pipeline or Equipment Overpressured	No
Equipment Not Installed Properly	No
Wrong Equipment Specified or Installed	No
Other Incorrect Operation	No
2 Bassilles	
2, Describe:	ted .
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): -	,teu.
vvas this Accident related to (select all that appry) Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
What category type was the activity that caused the Accident? Was the task(s) that led to the Accident identified as a covered task	
in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Accident Cause - only one sub-cause can be selected fi	rom the shaded left-hand column
Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	

- If Unknown: 2. Specify:

PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

A family member of the landowner was taking out a hedge row along a fence line with a D-8 Dozer fitted with ripper blades when he punctured the line, causing the release. Prior notification had not been made to the Nebraska One-Call Telephone Center so Magellan was not aware of the excavation activity until after the line had been punctured. The line was repaired in compliance with 49 CFR Part 195 regulations and company procedures, and the impacted waterways and soil were remediated according to company and government standards.

File Full Name	

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Kenneth L. Lybarger	
Preparer's Title	Sr. Compliance Coordinator	
Preparer's Telephone Number	918-574-7315	
Preparer's E-mail Address	ken.lybarger@magellanlp.com	
Preparer's Facsimile Number	918-574-7246	
Authorized Signature's Name	Kenneth L. Lybarger	
Authorized Signature Title	Sr. Compliance Coordinator	
Authorized Signature Telephone Number	918-574-7315	
Authorized Signature Email	ken.lybarger@magellanlp.com	
Date	01/06/2012	

US DOT PHMSA SUPPLEMENTAL REPORT #3-8"

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

Report Date:

U.S Department of Transportation
Pipeline and Hazardous Materials Safety Administration

OMB NO: 2137-0047
EXPIRATION DATE: 01/31/2013

Only 20120008 - 16312

(DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.

PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original:	Supplemental:	Final:
Report Type. (Select all that apply)		Yes	
Last Revision Date:	01/06/2012		
Operator's OPS-issued Operator Identification Number (OPID):	22610		
2. Name of Operator	MAGELLAN PIPEL	INE COMPANY, LP	
Address of Operator:			
3a. Street Address		TREAM PARTNERS, L.P.	, ONE
Sa. Street Address	WILLIAMS CENTE	R, MAIL DROP 27	
3b. City	TULSA		
3c. State	Oklahoma		
3d. Zip Code	74172		
Local time (24-hr clock) and date of the Accident:	12/10/2011 10:50		
Location of Accident:			
Latitude:	40.31277		
Longitude:	-95.72125		
National Response Center Report Number (if applicable):	997760		
 Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): 	12/10/2011 11:19	20142	
Commodity released: (select only one, based on predominant volume released)	Refined and/or Pet	roleum Product (non-HVL) Conditions) which is a
- Specify Commodity Subtype:	Diesel, Fuel Oil, Ke	erosene, Jet Fuel	
- If "Other" Subtype, Describe:			
 If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: %: 			
 If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): B 			
Estimated volume of commodity released unintentionally (Barrels):	650.00		
 Estimated volume of intentional and/or controlled release/blowdown (Barrels): 			
11. Estimated volume of commodity recovered (Barrels):	21.00		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			

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SEGMENT #5503
nated on Operator-controlled property, but then flowed grated off the property
rground r soil
r soii
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state ore Pipeline, Including Valve Sites
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	Dina
Item involved in Accident:	Pipe
- If Pipe, specify:	Pipe Body
3a. Nominal diameter of pipe (in):	8.625
3b. Wall thickness (in):	.203
 SMYS (Specified Minimum Yield Strength) of pipe (psi): 	35,000
3d. Pipe specification:	Grade B
3e. Pipe Seam , specify:	Longitudinal ERW - Low Frequency
- If Other, Describe:	
3f. Pipe manufacturer:	A.O. Smith
3g. Year of manufacture:	1946
3h. Pipeline coating type at point of Accident, specify:	Coal Tar
- If Other, Describe:	Ocal Tal
If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
Year item involved in Accident was installed:	1946
Material involved in Accident: Material involved in Accident:	Carbon Steel
	Guibon Gtool
- If Material other than Carbon Steel, specify:	Mechanical Puncture
Type of Accident Involved:	Wedidilion Fulldure
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	3.00
in. (circumferential)	10.00
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
Approx. size: in. (widest opening) by in. (length circumferentially or axially)	
Approx. size: in. (widest opening) by	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe:	
Approx. size: in. (widest opening) by in. (length circumferentially or axially)	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds	Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial	Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination:	Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned:	Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned:	Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water	Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water	Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil	Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation	Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater	Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake	Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels):	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known:	Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area	Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	Yes Yes Yes Yes Yes Yes Yes Yes Unnamed Tributary to Jarvis Creek Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	Yes Yes Yes Yes Yes Yes Yes Yes Unnamed Tributary to Jarvis Creek Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High	Yes Yes Yes Yes Yes Yes Yes Yes Unnamed Tributary to Jarvis Creek Yes

Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	
Integrity Management Program?	
- Other Populated Area	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
- Unusually Sensitive Area (USA) - Ecological	Yes
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	Yes
Integrity Management Program?	
Estimated Property Damage :	
8a. Estimated cost of public and non-Operator private	\$ 3,500
property damage	
8b. Estimated cost of commodity lost	\$ 62,384
8c. Estimated cost of Operator's property damage & repairs	\$ 31,000
8d. Estimated cost of Operator's emergency response	\$ 240,000
8e. Estimated cost of Operator's environmental remediation	\$ 1,414,350
8f. Estimated other costs	\$ 131,700
Describe:	Road Maintenance and Contruction
8g. Total estimated property damage (sum of above)	\$ 1,882,934
PART E - ADDITIONAL OPERATING INFORMATION	
Estimated pressure at the point and time of the Accident (psig):	725.00
2. Maximum Operating Pressure (MOP) at the point and time of the	1,150.00
Accident (psig):	
Describe the pressure on the system or facility relating to the	Pressure did not exceed MOP
Accident (psig):	
Not including pressure reductions required by PHMSA regulations	
(such as for repairs and pipe movement), was the system or facility	N-
relating to the Accident operating under an established pressure	No
restriction with pressure limits below those normally allowed by the	
MOP?	
If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure	
4a. Did the pressure exceed this established pressure	
restriction?	
restriction? 4b. Was this pressure restriction mandated by PHMSA or the	
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State?	
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore"	Yas
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question	Yes
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?	Yes
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below)	41
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release	Yes Remotely Controlled
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source:	4
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release	4
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source:	Remotely Controlled Remotely Controlled
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft):	Remotely Controlled Remotely Controlled 246,034
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal	Remotely Controlled Remotely Controlled
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools?	Remotely Controlled Remotely Controlled 246,034 Yes
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation?	Remotely Controlled Remotely Controlled 246,034 Yes
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation? - Changes in line pipe diameter	Remotely Controlled Remotely Controlled 246,034 Yes
restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation? - Changes in line pipe diameter - Presence of unsuitable mainline valves	Remotely Controlled Remotely Controlled 246,034 Yes
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restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation? - Changes in line pipe diameter - Presence of unsuitable mainline valves - Tight or mitered pipe bends - Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	Remotely Controlled Remotely Controlled 246,034 Yes
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restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? - If Yes - (Complete 5a. – 5f. below) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? - If No, Which physical features limit tool accommodation? - Changes in line pipe diameter - Presence of unsuitable mainline valves - Tight or mitered pipe bends - Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other -	Remotely Controlled Remotely Controlled 246,034 Yes

(O.D. mulata d. Trumkling /Transmission
S Regulated Trunkline/Transmission
letection system or SCADA-based information
arm(s), alert(s), event(s), and/or volume
3)
y investigation result(s): (select all that apply)

1. As a result of this Accident, were any Operator employees tested	
under the post-accident drug and alcohol testing requirements of DOT's	Yes
Drug & Alcohol Testing regulations?	
- If Yes:	
1a. Specify how many were tested:	1
1b. Specify how many failed:	0
2. As a result of this Accident, were any Operator contractor employees	
tested under the post-accident drug and alcohol testing requirements of	No
DOT's Drug & Alcohol Testing regulations?	
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
PART G – APPARENT CAUSE	
Select only one box from PART G in shaded column on left represen	ting the APPARENT Cause of the Accident, and answer
the questions on the right. Describe secondary, contributing or root	
Apparent Cause:	G3 - Excavation Damage
G1 - Corrosion Failure - only one sub-cause can be picked from sha	ded left-hand column
External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	na: (calost all that apply)
The type(s) of corrosion selected in Question 2 is based on the following Field examination	ng. (serect air triat appry)
- Field examination - Determined by metallurgical analysis	
- Other:	
- Other, Describe:	
Was the failed item buried under the ground?	
- If Yes :	
4a. Was failed item considered to be under cathodic	
protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at	
the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been	
conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted? 5. Was there observable damage to the coating or paint in the vicinity of	
the corrosion?	
- If Internal Corrosion:	nbi
Results of visual examination:	
- Other:	
7. Type of corrosion (select all that apply): -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	wing (colort all that apply):
The cause(s) of corrosion selected in Question 7 is based on the follogonal field exemples the control of the country of the cause (s) of corrosion selected in Question 7 is based on the follows:	wing (serect air triat apply)
- Field examination	

Determined by modelly missississis	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
Location of corrosion (select all that apply): -	
- Low point in pipe	
- Elbow	
- Other:	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely	
utilized?	
13. Were corrosion coupons routinely utilized?	
Complete the following If any Corrosion Failure sub-cause is selected	AND the "Item Involved in Accident" (from PART C,
Question 3) is Tank/Vessel.	
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
 No Out-of-Service Inspection completed 	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following if any Corrosion Failure sub-cause is selected	I AND the "Item involved in Accident" (from PART C,
Question 3) is Pipe or Weld.	
15. Has one or more internal inspection tool collected data at the point of t	he
Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool	and indicate most recent year run: -
Magnetic Flux Leakage Tool	
Most recent ye	ear:
- Ultrasonic	
Most recent ye	ar:
- Geometry	
Most recent ye	ear:
- Caliper	
Most recent ye	ear:
- Crack	
Most recent ye	ear:
- Hard Spot	
Most recent ye	ear:
- Combination Tool	
Most recent ye	ear:
- Transverse Field/Triaxial	
Most recent ye	ear:
- Other	
Most recent ye	ear:
Descri	
16. Has one or more hydrotest or other pressure test been conducted since	
original construction at the point of the Accident?	
If Yes -	
Most recent year test	ed:
Test pressur	
17. Has one or more Direct Assessment been conducted on this segment	
- If Yes, and an investigative dig was conducted at the point of the Accider	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
- If i'es, but the point of the Accident was not identified as a dig site.	
Most recent year conducted:	· · · · · · · · · · · · · · · · · · ·
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: - Radiography Most recent year conducted:	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: Radiography Most recent year conducted: Guided Wave Ultrasonic Most recent year conducted:	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: Radiography Most recent year conducted: Guided Wave Ultrasonic Most recent year conducted: Handheld Ultrasonic Tool	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: Radiography Most recent year conducted: Guided Wave Ultrasonic Most recent year conducted:	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: Radiography Most recent year conducted: Guided Wave Ultrasonic Most recent year conducted: Handheld Ultrasonic Tool	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted:	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted:	t type of non-destructive examination and indicate most
Most recent year conducted: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test	t type of non-destructive examination and indicate most

Describe:		
G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column		
Natural Force Damage – Sub-Cause:		
- If Earth Movement, NOT due to Heavy Rains/Floods:		
Specify: If Other, Describe:		
- If Heavy Rains/Floods:		
2. Specify:		
- If Other, Describe:		
- If Lightning:		
3. Specify: - If Temperature:		
4. Specify:		
- If Other, Describe:		
- If High Winds:		
- If Other Natural Force Damage:		
5. Describe:		
Complete the following if any Natural Force Damage sub-cause Is se	ected.	
Were the natural forces causing the Accident generated in conjunction with an extreme weather event?		
6a. If Yes, specify: (select all that apply)		
- Hurricane		
- Tropical Storm		
- Tornado - Other		
- Other - If Other, Describe:		
G3 - Excavation Damage - only one sub-cause can be picked from s	haded left-hand column	
Excavation Damage – Sub-Cause:	Excavation Damage by Third Party	
- If Excavation Damage by Operator (First Party):		
- If Excavation Damage by Operator's Contractor (Second Party):		
- II Excavation Damage by Operator a Contractor (Second Party).		
- If Excavation Damage by Third Party:		
- If Previous Damage due to Excavation Activity:		
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.	
Has one or more internal inspection tool collected data at the point of the Accident?	24.	
1a. If Yes, for each tool used, select type of internal inspection tool as	nd indicate most recent year run: -	
- Magnetic Flux Leakage		
Most recent year conducted:		
- Ultrasonic Most recent year conducted:		
- Geometry		
Most recent year conducted:		
- Caliper Most recent year conducted:		
- Crack	T. Control of the Con	
Most recent year conducted:		
- Hard Spot		
- Hard Spot Most recent year conducted:		
- Hard Spot Most recent year conducted: - Combination Tool		
- Hard Spot Most recent year conducted: - Combination Tool Most recent year conducted:		
- Hard Spot Most recent year conducted: - Combination Tool		
- Hard Spot Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other		
- Hard Spot Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted:		
- Hard Spot Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: Describe:		
- Hard Spot Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: Describe: 2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?		
- Hard Spot Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: Describe: Describe:		

Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline	
segment?	
 If Yes, and an investigative dig was conducted at the point of the Ac 	cident:
Most recent year conducted:	
 If Yes, but the point of the Accident was not identified as a dig site: 	
Most recent year conducted:	
Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002,	select type of non-destructive examination and indicate most
recent year the examination was conducted:	SAMMES ** CARCAMAN STANDAN CAMBUS SAMMES SAM
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is select	ed as the sub-cause.
Did the operator get prior notification of the excavation activity?	No
6a. If Yes, Notification received from: (select all that apply) -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if a	ny Excavation Damage sub-cause is selected.
7. Do you want PHMSA to upload the following information to CGA- DIRT (www.cga-dirt.com)?	Yes
Right-of-Way where event occurred: (select all that apply) -	
- Public	
- If "Public", Specify:	
- Private	Yes
- If "Private", Specify:	Private Landowner
- Pipeline Property/Easement	· · · · · · · · · · · · · · · · · · ·
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator:	Farmer
10. Type of excavation equipment:	Unknown/Other
11. Type of work performed:	Agriculture
12. Was the One-Call Center notified?	No
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center	
exists. list the name of the One-Call Center notified:	
13. Type of Locator:	Unknown/Other
14. Were facility locate marks visible in the area of excavation?	Unknown/Other
15. Were facilities marked correctly?	Unknown/Other
16. Did the damage cause an interruption in service?	Yes
16a. If Yes, specify duration of the interruption (hours)	54
17. Description of the CGA-DIRT Root Cause (select only the one predon	
available as a choice, the one predominant second level CGA-DIRT Root	Cause as well):
Root Cause:	One-Call Notification Practices Not Sufficient
- If One-Call Notification Practices Not Sufficient, specify:	No notification made to the One-Call Center
	No notification made to the One-Oal Center
If Locating Practices Not Sufficient, specify: If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
- II Other/None of the Above, explain.	
G4 - Other Outside Force Damage - only one sub-cause can be so	elected from the shaded left-hand column
G4 • Other Outside Force Damade - only one sub-cause can be si	

Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary C	Cause of Incident:
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 If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Vehicle/Equipment operated by: 	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipm Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a	factor:
- Hurricane - Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other - If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engage	d in Excavation:
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.
Has one or more internal inspection tool collected data at the point of the Accident?	
If Yes, for each tool used, select type of internal inspection tool and in	dicate most recent year run:
- Magnetic Flux Leakage	
Most recent year conducted: - Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted: - Caliper	
Most recent year conducted:	
- Crack Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted: - Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted: Describe:	
Do you have reason to believe that the internal inspection was	
completed BEFORE the damage was sustained? 5. Has one or more hydrotest or other pressure test been conducted	
since original construction at the point of the Accident?	
- If Yes: Most recent year tested:	
Test pressure (psig):	
6. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Acciden	nt:
Most recent year conducted: - If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, s recent year the examination was conducted:	select type of non-destructive examination and indicate most
- Radiography Meet recent year conducted:	
Most recent year conducted: - Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool Most recent year conducted:	
Most recent year conducted: - Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test Most recent year conducted:	
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